

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street, Suite 3; Spearfish, SD 57783
(605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

> South Dakota Board of Nursing 722 Main Street, Suite 3 Spearfish, SD 57783

Name of Institution: Golden Living Center - Arlungton Address: 120 Care Center Road, Po Box 280
Address. 1810 Cools
Arlington SD 57212
Phone Number: 605-983-3941
Julie Samosan a andonliving com
E-mail Address of Faculty: Julie. Sampson & goldenliving. Com
Select option(s) for Re-Approval:
Request re-approval without changes to program coordinator, primary instructor, supplemental personnel or
curriculum
List personnel and licensure information
Complete evaluation of the curriculum
Peguest re-approval with faculty changes and/or curriculum changes
List personnel and licensure information, attach curriculum vitas, resumes, or work history for new personnel
Complete evaluation of the curriculum
Submit documentation to support requested curriculum changes
3. Sporing documentation to support reducates contentain analysis

1. List Personnel and Licensure Information:

Program Coordinator must be a registered nurse with 2 years nursing experience, at least one of which is in the provision of long-term care services. The Director of Nursing (DON) may serve simultaneously as the program coordinator but may not perform training while serving as DON. (ARSD 44:04:18:10)

			RN LICENSE	
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)
Willa Lolling	5D	R045559	10/13/2013	Afthow

If requesting new Program Coordinator, attach curriculum vita, resume, or work history

Primary Instructor must be a licensed nurse (RN or LPN) with 2 years nursing experience, at least one of which is in the provision of long-term care services. The primary instructor is the actual teacher of course material. (ARSD 44:04:18:11)

			RN OR LPN LICEN	SE
Name of Primary Instructor	State	Number		Verification (Completed by SDBON)
Willa Lolling	SD		9 10/13/2013	nd attach documentation

If requesting new Primary Instructor, attach curriculum vita, resume, or work history, and attach documentation supporting previous experience in teaching adults within the past five years or documentation of completing a course in the instruction of adults.

<u>Supplemental Personnel</u> may assist with instruction, they must have one year of experience in their respective field of practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) *If requesting new Supplemental Personnel*, attach curriculum vita, resume, or work history.

From: 16059833941



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	LICENSURE/REGISTRATION			
Supplemental Personnel & Credentials	State	Number ·	Expiration Date	Verification (Completed by SDBON)

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Standard	Yes	No
Program was no less than 75 hours.	X	
 Provided minimum 16 hours of instruction prior to students having direct patie contact. 	nt ×	
 Provided minimum 16 hours of supervised practical instruction; instructor ratio did not students for one instructor. 	exceed 8 X	
Provided instruction on each content area (see ARSD 44:04:18:15):	X	
Basic nursing skills	X	
Personal care skills	X	
Mental health and social services	X	
Care of cognitively impaired clients	X	
Basic restorative nursing services	X	
Residents' rights	X	
 Students did not perform any patient services until after the primary instructor found to be competent 		
Students only provided patient services under the supervision of a licensed nu	rse X	
 Your agency maintains a 75% pass rate of students on the competency evaluation. (written and skills exam taken through the SD Healthcare Association). 	× ×	
Submit Documentation to Support Requested Curriculum Changes:	charge)	1

		(Ala chance)
3.	S	ubmit Documentation to Support Requested Curriculum Changes: (No change)
Van	ne of (Course (if applicable): American Red Cross - Nurse Assistant Traini
A Va	ariety	of teaching methods may be utilized in achieving the classroom instruction such as independent study, video
nst	ructioi Subn	n, and online instruction. nit reference list of teaching materials utilized (include name of book or resource, publisher, publication date, etc).
Sub	mit do	ocumentation that supports requirements listed in ARSD 44:04:18:15, including:
	Beha	viorally stated objectives with measurable performance criteria for each unit of curriculum culum, objectives and agenda documenting the requirements for the minimum 75 hour course as follows:
		A minimum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting residents' independence, respecting residents' rights.
		A minimum of 16 hours of supervised practical instruction with enough instructors to ensure safe and effective care; the instructor ratio may not exceed eight students for one instructor.
		Instruction in each of the following content areas (see ARSD 44:04:18:15 for more detail): Basic nursing skills (including documentation) including: vital signs; height and weight; client environment
		needs; recognizing abnormal changes in body functioning and the importance of reporting such changes
		to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; toileting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;
		eating and hydration; recoind recinidates, some care, and managers, bosponnia, and comman



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	Mental health and social services, including developmental tasks associated with aging dignity, and recognizing sources of emotion	g: responding appropriately to behaviors, awaieness of g process; respecting personal choices and preserving client anal support:					
	Care of cognitively impaired clients, including: communication and techniques for addressing unique needs and behaviors:						
	Basic restorative nursing services, including: self-care; use of assistive devices in transferring; ambulation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care and training; and care and use of prosthetic and orthotic devices;						
Program Coordinator Signature: Willa & Lulling RD Date: 3/1/12							
	be completed by the South Dakota Bo	pard of Nursing					
Date Application Received: 3/3/13 Date Application Denied:							
Date Approved: Expiration Date	36/12	Reason for Denial:					
Board Represer							
	nt to Institution: 3/10/12						